



## **Louisiana Department of Health and Hospitals BAYOU HEALTH Informational Bulletin # 12-14 March 29, 2012**

### **Issue: Administrative Support to PCPs for EPSDT Screenings**

With the implementation of BAYOU HEALTH, DHH is discontinuing both the KIDMED Program as well as CommunityCARE. Through these programs, PCPs had access to downloadable rosters of patients with EPSDT screenings coming due and received other administrative assistance to increase the EPSDT screening rate.

BAYOU HEALTH Plans will be responsible for providing administrative support to their network providers for EPSDT screening activities. In addition, each Health Plan is required to have an EPSDT Coordinator. Listed below is additional information for each Plan regarding the assistance they will make available to their network providers as well as education and outreach initiatives at the Plan level.

### **Amerigroup**

**EPSDT Coordinator:** Angela Olden, Vice President, Quality Management Phone 504-834-1271

[Angela.Olden@amerigroup.com](mailto:Angela.Olden@amerigroup.com)

#### **Assistance to Network Providers for EPSDT Screening:**

- Provider Letter- Letter for provider response sent with an attached listing of members who are delinquent in receiving EPSDT services. This letter stresses the importance of EPSDT services and attaches a list of members on his or her panel that are overdue for services.
- Providers will receive their list of members from our corporate distribution center.
- Providers will receive monthly a list of members that have missed their appointments for patients who are 60 days past due.
- Providers will be notified of their gaps in care on HEDIS measures—Immunizations and prenatal and postpartum care are HEDIS measures on a quarterly basis.
- Amerigroup will perform data mining of claims data for pediatric members and will provide notification via telephonic outreach program to families to notify them that a screening is due.
- Amerigroup will have a registered nurse in EPSDT that will perform chart audits and will provide outreach to physicians and families.

- Amerigroup through utilization of case managers will reach out to families if any well-child visits are missed and overdue.

#### **Member Education, Outreach, and Other Services Provided by Plan**

- Preventive Health Reminder Mailing- Sent annually to all members prior to preventive services being due. It contains the complete schedule of services due based upon the member's age as well as includes health tips (mailed 45 days before member's birthday). This information is generated from the member's birthday.
- Overdue Reminder Postcards- Sent to members who are delinquent in receiving EPSDT services. It states that they are past due for a check-up. Encourages member to schedule an appointment with a doctor. Reminders go out after their scheduled visit is past due.
- Health Promotions associates will provide educational services to our members via community outreach –example- Working with a provider for Healthy Families program
- Collaborate with Marketing Events and provide Health education concerning mothers and babies- i.e.- attendance at our “Baby Showers”
- Collaborate with the OB case manager on any potential cases that are identified in the community programs

### **Community Health Solutions**

**EPSDT Coordinator:** Angie Halman [ahelman@chsamerica.com](mailto:ahelman@chsamerica.com) Phone: 855-247-5248 Ext 1382 -

#### **Assistance to Network Providers for EPSDT Screening**

- CHS will provide the monthly notices of Members due for screenings through our Document Distribution System.
- Providers can expect to see the monthly notices of Members due for screenings beginning in April of 2012.

#### **Member Education, Outreach, and Other Services Provided by Plan**

- CHS will “mine” claims data for their pediatric Members and have an automated phone notification campaign to families related to screenings that are due.
- EPSDT / Maternal nurse identifies and coordinates assistance for identified Members in need of EPSDT services.
- Care Managers will further outreach to families if and when well-child visits are not occurring.
- New Member handbook includes EPSDT education along with the Periodicity Schedule for easy reference.
- Among other Care Education initiatives, CHS-LA Care Education currently has the following programs which promote EPSDT visits:
  - “Before I Was Born” – a maternity education and management program covering the time from conception through eight weeks post-partum
  - Baby Steps – an infant education program from birth to 12 months of age
  - Infant Toddler Growth and Development Program – a program from birth to 36 months including normal growth and development, chronological and psycho-social growth and development.

## LaCare

**EPSDT Coordinator:** Lee Barbier (225) 300-9128 [Lee.Barbier@lacarelouisiana.com](mailto:Lee.Barbier@lacarelouisiana.com)

### Assistance to Network Providers for EPSDT Screening

- LaCare will identify members who need EPSDT screening, immunization and other preventive services.
- Providers performing an eligibility check on a member through Navinet will receive an **alert** for any services – or “Care Gap” - that is missing or overdue.
- Provider can access and print an EPSDT Clinical Summary that contains a log of all EPSDT screens and services performed by date. This allows the provider to adjust schedules for members who need care according to the catch-up schedule. The family link functionality provides a quick link to this same information for family members who are also members.
- The Member Clinical Summary can be printed or downloaded as a Continuity of Care Document (CCD) for electronic integration into an electronic medical record.
- Providers can also pull reports on the EPSDT status of their entire panel – and print or download the information in a MS Excel or CSV file format.
- LaCare’s **Rapid Response** team is the cornerstone of its strategy to ensure that needs identified during an EPSDT screenings are addressed timely, with the appropriate services.
- Providers calling the toll-free number will speak directly with a Rapid Response care connector or care manager who will collect information on the screening result and facilitate needed care. The care connector can assist in identifying network providers or services; work with the parent/guardian to make the necessary appointments; and provide ongoing monitoring to ensure appointments are kept and any other identified care is arranged.

*The provider portal is currently available. If an EPSDT service is needed based on the periodicity chart, it would appear as a care gap; however, this gap is identified through both historical claims data and current claims processing, so it may be too early in the implementation for this information to appear.*

### Member Education and Outreach Provided by Plan

- Outreach to parents/guardians about upcoming and missed preventive services, coordinated through the Rapid Response team using a combination of in-person and automated calls to remind the parent/guardian about missed or overdue services. Calls occur at different times of the day and evening.
- Care Connectors will make routine EPSDT phone calls to the parents/guardians of these children to remind them of EPSDT immunizations and screenings that are due in the next month, to identify barriers, and assist them to make an appointment with the child’s PCP/Medical Home.
- Identify eligible members less than 24 months of age for priority outreach to coordinate the multiple immunizations and screenings needed for children in this age group.
- Birthday cards will be mailed on an annual basis to the parent/guardian of members age one and older to wish the child a “Happy Birthday” and educate the parent/guardian on EPSDT services that are needed in conjunction with the birthday. In addition, each birthday card will contain information on

age-appropriate developmental milestones and safety tips, as well as important resource agencies and telephone numbers.

- Members can access this same information through the secure Member Portal. They can print the EPSDT Clinical Summary for their records or to take with them to the physician's office.

## **Louisiana Healthcare Connections**

**EPSDT Coordinator:** Melody Sherrod Phone: 225-201-8573

### **Assistance to Network Providers in EPSDT Screening**

- On a monthly basis, LHC will provide our PCPs a **PCP Report** that includes all of their assigned members who are due for an EPSDT visit the following month, as well as, members who are past due for services. This report will be posted on the LHC Provider Portal
- LHC will provide **Provider Scorecards** that compare individual providers practices to normative data. We also provide **Provider Group Scorecards** for group practices.
- Provider and staff education on an individual basis for providers who are struggling with to hit targets
- Provider training for completing LAKIDMED forms, claim forms, claims submission, member outreach strategies.
- Provider Connect alerts a provider calling about a particular member that is due or past due for EPSDT screening

*(Providers can expect to start seeing these efforts within 90 days of the go-live date in their area)*

### **Member Education, Outreach, and Other Services Provided by Plan**

- Written, telephonic, and in-person outreach to ensure that we reach as many of our members as possible.
- Education for members during pregnancy and after
- New member PCP appointment-brochure explaining EPSDT services and the periodicity schedule; magnet indicating the EPSDT schedule and post card reminding them to schedule an appointment within 90 days of enrollment
- Member newsletters including topics on EPSDT
- On-hold messaging to include topics on EPSDT
- Member reminder cards by mail and audio postcards

## **United Healthcare**

**EPSDT Coordinator:** Lee Reilly, RN, 504-849-3524, [lee\\_reilly@uhc.com](mailto:lee_reilly@uhc.com)

### **Assistance to Network Providers for EPSDT Screening**

- **Provider Report-** Listing of members who are delinquent in receiving EPSDT services will be provided to PCPs indicating which members on his or her panel are overdue for services.
- Provider can access information on their assigned Members regarding preventive/EPSDT services through the secure, web-based provider portal. Information available includes upcoming preventive visits that are due and missed care opportunities. Provider education, technical support and ongoing monitoring and feedback are offered along with assistance in appointment scheduling, transportation or other interventions to improve adherence to preventive health guidelines and measures.
- UHC will schedule routine trainings and educational forums to for highest volume providers and key facilities. Education and follow up is provided by the Provider Advocates on a quarterly basis with High Volume Primary Care Providers.
- VIPs HEDIS profiling allows UHC to profile provider panel for preventive and EPSDT measures. Information is provided to providers three times a year, and includes HEDIS measures that are appropriate for the PCP's practice (for example, Pediatric vs. Adult patients), as well as average for their peers in the state.

#### **Member Education, Outreach, and Other Services Provided by Plan**

- United utilizes data from their **Universal Tracking Database (UTD)**, to identify members who are due for screening(s) based on their age or the date of their last screening. The UTD is an internally designed/custom relational database that accommodates multiple data inputs and has a Web-style interface.
- Through UTD, United can identify over and under-utilization of preventive health services. This includes identifying member compliance with receiving preventative health services based on EPSDT or HEDIS criteria for their age and sex, and the frequency with which members receive these services.
- Members that are identified as due for preventive services are divided into two groups – those that will be out of compliance in 91 days or more (less urgent) and those that will be out of compliance in 90 days or less (more urgent).
- Members that are considered “less urgent” receive an **automated outreach call** reminding them to make an appointment with their provider for preventive health services. At the end of the automated call, members have the option to “zero out” and speak with a live agent, who can assist the member with scheduling a doctor appointment or arranging transportation.